

# **INTRO TO SWEATERS**

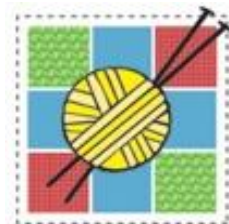
## **CLASSES**



**Learn the basics of Sweater construction. We will discuss and practice raglan style sweaters, piece knitting and assembling, inset sleeves, button holes, picking up stitches, finishing, blocking and converting patterns from flat work to working in the round. This class is a great basic introduction to sweater knitting; as well as, a great way to build your sweater toolkit. We will knit 2 sweaters together during the course of 4 classes, which can be child sweaters or adult sweaters. Proficient knitters only please.**

<b>When:</b>	Begins Friday, September 21, 2012 (4 weeks)
<b>Time</b>	6:00pm-8:00pm
<b>Cost:</b>	\$40.00 + SUPPLIES
<b>Where:</b>	The Crooked Stitch (downtown Rocky Mount)
<b>Registration Deadline:</b>	Friday, September 14, 2012

\*Sponsored by the Franklin County Parks and Recreation



For more information contact Whitney Harmon, instructor,  
at 540-420-7129.

**Franklin County Parks and Recreation**  
**Registration & Liability Waiver Form For**  
**2012 September-December Intro to Sweaters Classes**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed to be used in any form of publication to promote Franklin County Parks and Recreation.**

**Signature of Participant** \_\_\_\_\_

I have the following physical impairments or medical conditions, including allergic reactions:

\_\_\_\_\_  
Current medications that participant is taking now:

\_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_